



PRIMARY CARE STUDY LEAVE APPLICATION FORM

VOCATIONAL TRAINEES

DO NOT PRINT THIS FORM

All sections highlighted in green must be completed by the Doctor prior to the course. Please send the completed form to claire.newall2@gov.im

A. PERSONAL DETAILS

| | | | |
|----------|--|------------|--|
| Name | | GMC Number | |
| Practice | | | |

B. COURSE DETAILS

| | | | |
|-------------------|---|--|--|
| Title of Course | | | |
| Date(s) of Course | | | |
| Venue of Course | | | |
| Course Provider | | | |
| Course Fee | £ | | |
| Travel | £ | | |

C. APPROVAL

Please tick to confirm the following -

I confirm that this course has been highlighted in my EPortfolio and will benefit my GP Training

*****PCS USE ONLY: FUNDING APPROVED BY TRAINING SUPERVISOR*****

Yes No

Yes No

Reason for Approval/Rejection

Date Submitted